HEALTH CARE FINANCING ADMINISTRATION	OMB NO 8938-0	193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1 TRANSMITTAL NUMBER: 2. STATE	
STATE PLAN MATERIAL	. 12-026' Montana	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
S COLON COLO	4. PROPOSED EFFECTIVE DATE	*** 4
TO: REGIONAL ADMINISTRATOR		
HEALTH CARE FINANCING ADMINISTRATION	10.1712 1/1/13	
DEPARTMENT OF HEALTH AND HUMÂN SERVICES	To the second se	
5. TYPE OF PLAN MATERIAL (Check One)		
_		
	CONSIDERED AS NEW PLAN 🔀 AMENDMENT	. ####
COMPLETE BLOCKS 6 THRU'10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7 FEDERAL BUDGET IMPACT.	
Deficit Reduction Act of 2005, modified effective 10/1/10 through the	a, FFY 13 \$ 58,961	
Affordable Care Act	c. FFY 14: \$153,208	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTIO	N
Supplement to Attachment 3 1A/3.1B; Attachment 4 19B, 1915(i)	OR ATTACHMENT (If Applicable)	
HCBS State Plan Services for High Needs Youth with Serious	IN A	
Emotional Disturbance		
Linding Distributes		
4		
j.		
Some of the second state of the second secon	A Section of the second section of the section of the second section of the section of the second section of the secti	
10. SUBJECT OF AMENDMENT		
in the second se	F. S.C. at 1th Parties Property of Od and annual	
New 1915(i) Home and Community Based Services State Plan Program	for youth with Serious Emotional Disturbance.	
months 18 v. v. state of the contraction of the con	ME HINN MIN & N AB CHEEF CHEE THE A VERY OFF S N AND N A STATE OF	
11. GOVERNOR'S REVIEW (Check One)	67 OTHER ASSOCIATES	
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Single Agency Director Review	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
Demonstration of the second se	The state of the s	***
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
Y Mary E. Salton	Montana Dept. of Public Health and Human Services	
13 TYPED NAME: Mary E. Dalton	Mary E. Dalton	,
	State Medicaid Director	
14. TITLE. State Medicaid Director	Attn: Jo Thompson	
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PO Box 4210	
: 15. DATE SUBMITTED: 10/20/12	Helena, MT 59604	
15. DATE SUBMITTED \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
FOR REGIONAL OF	TICE USE ONLY TO THE WAY THE WAY TO THE WAY THE	2.7.) +_ b
17. DATE RECEIVED:	18. DATE APPROVED	1 20 2
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	一	, p° ,
PLAN'APPROVED TON	E.CORY'ATTACHED	alance:
19 EFFECTIVE DATE OF APPROYED MATERIALS	20_SIGNATURE OF REGIONAL OFFICIAL	i ji
ELT A TRANSPORT HANDS WERE BUILDING	Let Colonia de la colonia de l	
21-TYPEDNAME		
	1/22%TITLE;	
RICHARDORALLEN	ARA DNOCHO	, (t
23 REMARKS:	ARA DINCHO	
23 REMARKS:	ARA DINCHO	
PICHARD O ALLEN	AEA DINCHO	
PICHARD & ALLEN	ARA DNC 40	
PICHARD & ALLEN	ARA DNC 40	e e e e e e e e e e e e e e e e e e e
23 REMARKS:	ARA DNC 40	
PICHARD O ALEM	ARA DNC 40	
PICHARD O. ALEM	ARA DNCHO	
PICHARD O. ALEM 23 REMARKS:	ARA DNC 40	
PICHARD O. ALEM 23 REMARKS:	ARA DNCHO	